-U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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1. File Number U- 2953

## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

Name and address of person filing.		Name, file number, and address of labor organization.			
Name	RONNIE	L MCGARITY ^	Name	INTERNATIION	AL UNION OF OPR. ENG. LU 926
,			Labor	Organization File Nu	mber <i>014939</i>
P.O. Bo	ox, Bldg., Room No., if any	SUITE 202	P.O. E	ox, Building and Roo	m Number, if any 202
Street	374 MAYNARD TERR	ACE, SE	Street	374 MAYNARD	TERRACE, SE
City	ATLANTA		City	ATLANTA,	
State	Georgia	ZIP Code + 4 30316	State	Georgia	ZIP Code + 4 30316
5. Positio	on in labor organization.	BUSINESS MGR./FIN.SECRETARY			
Ente	r appropriate data below if,	during the past fiscal year, you or your spo (except as specified in the exclu			
A. Held moneta	an interest in, engaged i ry value from an employ	n transactions (including loans) with, or ver whose employees your organization	derived in on repre	come or other econsents or is actively	nomic benefit of seeking to represent.
6. Name	and address of Employer (	including trade name, if any).	7.a. Nat	ure of Interest, Transa	action, or Income.
Name					
Trade I	Name, if any:				
P.O. B	ox, Bldg., Room No., if any		7.b. Am	ount .	
Street					
City					
State		ZIP Code + 4			
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signe	d Komid/	Mant.	On	7/6/2005	404-370-0042
<u></u>		7		Date	Telephone Number
Form LM-	30 (2003)	-			Page 1 of 2

Name of Person Filing RONNIE MCGARITY	File Number U- 2953						
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any).	9. Business deals with:						
Name	a. Labor Organization						
Trade Name, if any:	b. Trust  c. Employer						
P.O. Box, Bldg., Room No., if any							
Street							
City							
State ZIP Code + 4							
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. N/A						
Name IUOE LOCAL 926 J.A.T.P.							
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any P.O. BOX 130							
Street 4179 DUNN ROAD	11.b. Approximate dollar value of such dealing. \$0						
City ELLEWOOD	12.a. Nature of interest held or income received.						
State Georgia ZIP Code + 4 30294-0130	N/A						
	12.b. Amount. \$0						
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.							
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.						
Name							
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
Street							
City							
State ZIP Code + 4							
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.						